



Wedding Application
Athens First United Methodist Church
327 N Lumpkin Street, Athens, Georgia 30601

Wedding
Date _____ Time _____ (circle) Sanctuary _____ Chapel _____

Rehearsal
Date _____ Time _____

.....
Bride
Name _____ Phone _____

Member of Athens First United Methodist Church? (circle) Yes No

Email _____@_____.

Mailing Address _____

Parents' Names _____

Member of Athens First United Methodist Church? (circle) Yes No

Parents' Address _____

If Grandchild of a member, name(s) of grandparent(s) _____

Groom
Name _____ Phone _____

Member of Athens First United Methodist Church? (circle) Yes No

Email _____@_____.

Mailing Address _____

Parent's Names _____

Member of Athens First United Methodist Church? (circle) Yes No

Parents' Address _____

If Grandchild of a member, name(s) of grandparent(s) _____

.....
Mailing address after wedding _____

Minister(s) _____ Organist _____

Director _____

Photographer (name, address, phone & email) _____

Videographer (name, address, phone & email) _____

Florist (name, address, phone & email) _____



I have read and understand the *Wedding Guidelines* and agree to abide by the standards therein. I understand upon receipt of the application and deposit, the date will be held for seven days to allow me to secure a Minister, Director, Organist, Photographer, and Florist. If this information is not provided within this time period, the date will be released and the deposit will be refunded.

Please return a deposit of \$100 with your application to secure your wedding date.

TOTAL FEES DUE \$ _____ ON _____, _____ (4 weeks prior to wedding)

Signature _____ Date _____